

Medicare Telehealth Expansion for Rural Health Clinics

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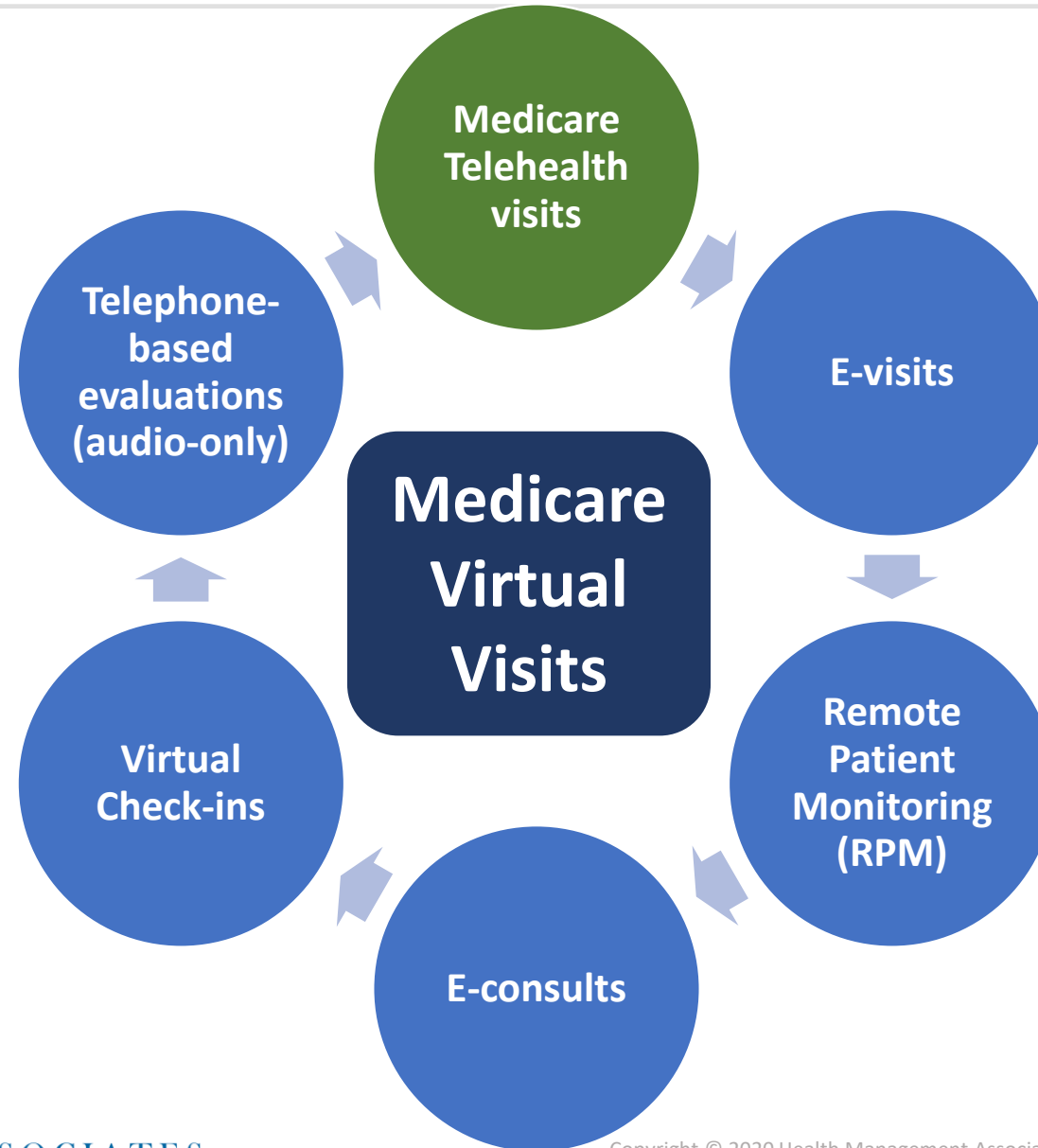
HEALTH MANAGEMENT ASSOCIATES

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■ MEDICARE TELEHEALTH COVERAGE EXPANSION WILL ASSIST PROVIDERS AND PAYERS

- + Telehealth viewed by policymakers as an ideal treatment method during the COVID-19 emergency
- + Recent regulatory and legislative vehicles in the last month
 - 1) CMS Regulatory changes made March 17th
 - 2) Stimulus package: March 27th
 - 3) CMS Interim Final Rule published March 31st
 - 4) Stimulus package Part 2: April 27th
 - 5) CMS “Second Round” changes: April 30th
- + Broad telehealth coverage expansion
- + Temporary (sunsets with Emergency declaration) and retrospectively (implemented March 1, 2020)
- + CMS encourages the use of and highlights other recently implemented telehealth policies
- + Expansions assist providers new to telehealth and currently using telehealth

■ Six Types of Virtual Visits Reimbursable under Medicare



■ Rural Health Clinic: Key changes to Medicare coverage and payment

General provisions:

- Provisions are temporary through the Public Health Emergency
- May serve as a distant sites for telehealth visits, new and established patients
- Patients and clinicians can be located anywhere (patients at home or clinicians at home)
- Informed consent can be obtained during the telehealth visit
- Coinsurance must be waived for all COVID-19 cases, CMS will pay the coinsurance if the provider records “CS” modifier
- Opioid Use Disorder treatment, audio-only telephone permitted
- Costs of telehealth not included in calc of rates, but must be reported (RHC = CMS-224-14, line 66)
- Provider-based entities will not be subject to the national per-visit payment limit if their parent hospitals increases their inpatient bed count
- HHS will waive penalties for HIPAA violations by health care providers

See CMS guidance for more details (<https://www.cms.gov/files/document/se20016.pdf>)

■ Rural Health Clinic: Key changes to Medicare coverage and payment

Six forms of telehealth services under Medicare

- 1) Telehealth visits: RHCs can bill for any of the 171 codes Physician Fee Schedule codes
 - January 27 to June 30: Must bill G2025 with modifier 'CG' (\$92.03)
 - July 1 or later: Must bill G2025 with modifier '95' (\$92.03)
 - Two-way audio/video required
- 2) Audio-only Telephone-based evaluations (PFS codes 99441,99442,99443): Can be billed as G2025, \$92.03 per visit, only established patients
- 3) Virtual check-ins: Bill HCPCS code 'G0071', \$24.76 per visit, new and established patients, various forms of tech
- 4) E-visits permitted: Bill HCPCS code 'G0071', \$24.76 per visit, new and established patients, online portal
- 5) Remote Physiological Monitoring (RPM): Six codes exist under the PFS (G2010). Should be billed as HCPCS code 'G0071', \$24.76 per visit, new and established patients
- 6) E-Consults: UNCLEAR if RHCs can conduct these services

See CMS guidance for more details (<https://www.cms.gov/files/document/se20016.pdf>)

■ MEDICARE VIRTUAL VISIT RULES: WIDE VARIATION ACROSS SERVICE TYPES

Type of Medicare Virtual Visit	Type of services	Originating and distant site	Participants	Technology	Eligible providers
Telehealth visits	171 services	Anywhere, including patient or clinician's home	Established and new* patients to clinician	Two-way audio/video (smart-phones or other)	Most clinicians, FQHCs, RHC , hospice, home health, hospitals
Telephone-base evaluations	Patient evaluations			Audio-only telephones	Most clinicians, FQHCs, and RHC
Virtual check-ins	Patient triage			Audio-only telephone, two-way audio-video, email, text, online portal	Most clinicians, FQHCs, and RHC
E-visits	Patient triage			Online portal	Most clinicians, FQHCs, and RHC
E-consults	Any clinical consult		Clinician to clinician	Audio-only telephone, email, or two-way audio-video	Clinicians eligible to bill for E&M services
Remote Patient Monitoring	Monitoring patient vitals		Established patients to clinician	Electronic monitoring	Most clinicians, FQHCs, and RHC

*CMS has relaxed enforcement of the 'established patient' requirement for this service



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IDAHO MEDICAID TELEHEALTH COVERAGE

Action	Telehealth relevance	Source
March 13 – Governor declares emergency (updated March 25, April 2)	<ul style="list-style-type: none"> - Temporary suspension of requirement for established patient-provider relationship (Section 5705 of the Idaho Telehealth Access Act) 	https://coronavirus.idaho.gov/wp-content/uploads/sites/127/2020/04/proclamation_additional-rule-waivers_040220.pdf
March 17 – IDHW issues telehealth guidance (updated April 7)	<ul style="list-style-type: none"> - RHCs may bill for telehealth services under Medicaid, but are not limited to Medicare's originating/distant site rules - Changes apply to Medicaid FFS, ID Behavioral Health Plan, Idaho Smiles (MCNA), but not Duals Plans - Services added: telephone-based evaluations (99441-99443) and RPM (99457 and 99458) - Originating and distant sites can be anywhere (patient's home and provider's home) - Telehealth and face-to-face visit payment parity - Place of service: Use patient's location, not '02' (telehealth) - Modifiers: Use 'GT' as the claim modifier for Medicaid claims - Caveat: if billing encounter code T1015, record GT on the supporting codes not on the encounter code 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2007.pdf
March 25 – IDHW issues guidance for therapy providers (updated April 9)	<ul style="list-style-type: none"> - Evaluations may be provided via telehealth - Providers and participants can conduct and receive telehealth from anywhere - Plans of care do not need to specify service was provided via telehealth - Assistant OTs and PTs may provide services via telehealth - Billing: Follow all standard coding requirements, place-of-service equals patient's location 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2014.pdf
March 25 – IDHW issues telehealth HIPAA guidance	<ul style="list-style-type: none"> - Idaho will not sanction providers for using telehealth technology that would otherwise not be compliant with HIPAA rules - Idaho Medicaid providers can communicate with participants (Covid-19 positive and COVID-19 negative) using technology as long as the technology is non-public facing. 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2013.PDF

* IDHW's complete set of COVID-19 emergency information releases: (<https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx>)

CROSSWALK OF IDAHO MEDICARE AND MEDICAID TELEHEALTH COVERAGE

Telehealth criteria	Idaho Medicaid (current coverage as of 5/4/20)	Medicare Fee-for-Service (current coverage as of 5/4/20)
Standard office visits	Live Video Visits	Telehealth visits
Technology	Two-way video (not audio-only)	Two-way video (not audio-only)
Services	Primary care, specialty, behavioral health, therapy services, various psychiatric services, pharm mgmt, tobacco cessation, and other services billable through the following codes: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 96150, 96151, 96152, 96153, 96154, 99354, 99355, 99406, 99407, 99495, 99496, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, H2011, H2019, T1015	171 codes which include primary care, specialty care, behavioral health, therapy services, home visits, hospice visits, PT/OT/SP, diabetes services, ESRD services, annual wellness visits, ED services, and other services. RHCs bill as G2025 (make sure the service maps to one of the 171 codes)
Billing modifiers	Place of service = location of the patient, do not use '02' Modifier = 'GT'	Place of service = '02' Modifier = 'CG' (1/27 to 6/30) '95' (after 7/1)
Store-and-forward	No	Yes, E-visits can be conducted through an online portal, where the patient asks a question and the clinician responds later. RHCs bill as G0071.
Remote patient Monitoring	Two codes (99457 and 99458)	RHCs bill G0071.
Audio-only telephone	Three telephone-based evaluation codes. For physicians and other clinicians who can independently bill for E&M services 99441, 99442, 99443.	A) Telephone-based evaluation codes: For physicians and other clinicians who can independently bill for E&M services 99441, 99442, 99443. RHCs bill G2025. B) Virtual check-ins: Can be conducted with audio-only telephone calls. RHCs bill as G0071
E-consults	No	UNCLEAR.... Interprofessional telephone/internet/EHR consultations between two clinicians is permitted and billable through the following codes: 99446, 99447, 99448, 99449, 99451, 99452.
Patients	Established and New patients	Established and New patients
Providers	Physicians and non-physicians, psych-NPs, PT/OT/SP, assistant PTs and OTs	Physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists certified registered nurse anesthetists, clinical psychologists, social workers, registered dietitians, nutrition professionals, PT/OT/SP therapists, LCSWs, clinical psychologists, hospice nurses, home health nurses
Geographic limits	None (urban and rural)	None (urban and rural)
Originating/distant sites	Anywhere, including the patient's home or clinician's home	Anywhere, including the patient's home or the clinician's home
Consent	Can be obtained during a virtual/telehealth visit	Can be obtained during a virtual visit
Licensure	Out-of-state providers must be licensed by the IBM, and Idaho's participation interstate licensure compacts is strong	No federal licensure